Outreach

Your Outreach Librarian can help facilitate evidence-based practise for all Burns members of staff, as well as assisting with academic study and research. We can help with literature searching, obtaining journal articles and books, and setting up individual current awareness alerts.

Literature Searching

We provide a literature searching service for any library member. For those embarking on their own research it is advisable to book some time with one of the librarians for a 1 to 1 session where we can guide you through the process of creating a well-focused literature research and introduce you to the health databases access via NHS Evidence.

Critical Appraisal Training

We also offer one-to-one or small group training in literature searching, accessing electronic journals, and critical appraisal/Statistics. These are essential courses that teach how to interpret clinical papers.

For more information, email: katie.barnard@uhbristol.nhs.uk

Books

Books can be searched for using SWIMS our online catalogue at www.swims.nhs.uk. Books and journals that are not available on site or electronically may be requested from other locations. Please email requests to: library@uhbristol.nhs.uk
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Tables of Contents from Burns journals

If you require full articles please email: library@uhbristol.nhs.uk

**Burns 2015 (Elsevier)**
March 2016, Volume 42, Issue 2

**Journal of Burn Care & Research (LWW)**
March/April 2016, Volume 37, Issue 2

**Injury Prevention (BMJ)**
February 2016, Volume 22, Issue 1

**Plastic and Reconstructive Surgery (LWW)**
March 2016, Volume 137, Issue 3

**Journal of Plastic, Reconstructive & Aesthetic Surgery (Elsevier)**
March 2016, Volume 69, Issue 3

**Archives of Disease in Childhood (BMJ)**
March 2016, Volume 101, Issue 3

**Pediatrics (HighWire)**
March 2016, Volume 137, Issue 3

**Injury (Elsevier)**
February 2016, Volume 47, Issue 2

**Trauma (Sage)**
January 2016, Volume 18, Issue 1
New NICE Guidance

QS113  Healthcare-associated infections

NG43  Transition from children’s to adults’ services for young people using health or social care services

QS113  Healthcare-associated infections

Latest relevant Systematic Reviews from the Cochrane Library

Frequency of dressing changes for central venous access devices on catheter-related infections

NHS Behind the Headlines

New NICE guidelines on sun exposure warn 'tanning is unsafe'

Wednesday Feb 10 2016

"No safe way to suntan, new NICE guidance warns," BBC News reports. Though the guidelines also stress the benefits of moderate sun exposure to prevent vitamin D deficiency; which is more common in the UK than many people realise…
Quick Exercise

Match the study design with the timeframe it covers.

1. Randomised Controlled Trial
2. Cross-Sectional Study
3. Case-control Study
4. Cohort Study
5. Case Report

Find out more about study designs in one of our Understanding Articles training sessions. For more details, email library@uhbristol.nhs.uk.
Title: Infrared technology to improve efficacy of venous access in burns population

Citation: European Journal of Plastic Surgery, February 2016, vol./is. 39/1(37-40), 0930-343X;1435-0130 (01 Feb 2016)

Author(s): Nizamoglu M., Tan A., Gerrish H., Barnes D., Dziewulski P.

Abstract: Background: Obtaining venous access in the burn population is challenging both in the acute and elective surgical settings. In paediatric burns, this is further compounded by smaller veins, thicker subcutaneous fat and poor cooperation. The introduction of infrared technology (Accuvein) to identify veins up to 10 mm deep has been shown to increase efficacy. It has been promoted in challenging cases. We aim to ascertain whether Accuvein is a useful clinical tool in the context of burns population. Methods: A formal service evaluation of the device was carried out prospectively during a 6-week period. User feedback questionnaires were circulated. We reviewed patient demographics, indication of use, number of attempts and skin quality. We rated user satisfaction using visual analogue scales and a free text comment section. Results: Twenty-eight questionnaires were returned. We noted inclination for use of device in paediatric patients compared to adults. Ethnicity included Caucasian, Asians, Afro-Caribbean and Hispanic. Skin quality in majority was described as normal; only four patients had poor quality skin (burn scars, friable thin skin). Fifteen patients had successful first attempts. Ninety-six percent of practitioners felt that the device was useful, although 59% required assistance initially. We noted that it was not useful in detecting veins through grafted burn sites. Conclusions: Accuvein is a useful adjunct for venous access particularly in the paediatric population. By reducing the number of attempts to obtain venous access, this saves time and improve efficacy of care. However, we noted that it is not helpful over grafted burn sites. This could be attributable to the nature of the initial burn surgery (tangential excision) rather than the thickness of overlying skin. Level of Evidence: Level IV, risk/prognostic study.

Title: Scar outcome of children with partial thickness burns: A 3 and 6 month follow up.

Citation: Burns : journal of the International Society for Burn Injuries, Feb 2016, vol. 42, no. 1, p. 97-103, 1879-1409 (February 2016)

Author(s): Gee Kee, E L, Kimble, R M, Cuttle, L, Stockton, K A

Abstract: There is a paucity of research investigating the scar outcome of children with partial thickness burns. The aim of this study was to assess the scar outcome of children with partial thickness burns who received a silver dressing acutely. Children aged 0-15 years with an acute partial thickness burn, ≤10% TBSA were included. Children were originally recruited for an RCT investigating three dressings for partial thickness burns. Children were assessed at 3 and 6 months after re-epithelialization. 3D photographs were taken of the burn site, POSAS was completed and skin thickness was measured using ultrasound imaging. Forty-three children returned for 3 and 6 month follow-ups or returned a photo. Days to re-epithelialization was a significant predictor of skin/scar quality at 3 and 6 months (p<0.01). Patient-rated color and observer-rated vascularity and pigmentation POSAS scores were comparable at 3 months (color vs. vascularity 0.88, p<0.001; color
vs. pigmentation 0.64, p<0.001), but patients scored higher than the observer at 6 months (color vs. vascularity 0.57, p<0.05; color vs. pigmentation 0.15, p=0.60). Burn depth was significantly correlated with skin thickness (r=0.51, p<0.01). Hypopigmentation of the burn site was present in 25.8% of children who re-epithelialized in ≤2 weeks. This study has provided information on outcomes for children with partial thickness burns and highlighted a need for further education of this population. Copyright © 2015 Elsevier Ltd and ISBI. All rights reserved.

Title: Epidemiology and outcomes of pediatric burns over 35 years at Parkland Hospital.

Citation: Burns : journal of the International Society for Burn Injuries, Feb 2016, vol. 42, no. 1, p. 202-208, 1879-1409 (February 2016)

Author(s): Saeman, Melody R, Hodgman, Erica I, Burris, Agnes, Wolf, Steven E, Arnoldo, Brett D, Kowalske, Karen J, Phelan, Herb A

Abstract: Since opening its doors in 1962, the Parkland Burn Center has played an important role in improving the care of burned children through basic and clinical research while also sponsoring community prevention programs. The aim of our study was to retrospectively analyze the characteristics and outcomes of pediatric burns at a single institution over 35 years. The institutional burn database, which contains data from January 1974 until August 2010, was retrospectively reviewed. Patients older than 18 years of age were excluded. Patient age, cause of burn, total body surface area (TBSA), depth of burn, and patient outcomes were collected. Demographics were compared with regional census data. Over 35 years, 5748 pediatric patients were admitted with a thermal injury. Males comprised roughly two-thirds (66.2%) of admissions. Although the annual admission rate has risen, the incidence of pediatric burn admissions, particularly among Hispanic and African American children has declined. The most common causes of admission were scald (42%), flame (29%), and contact burns (10%). Both the median length of hospitalization and burn size have decreased over time (r(2)=0.75 and 0.62, respectively). Mortality was significantly correlated with inhalation injury, size of burn, and history of abuse. It was negatively correlated with year of admission. Over 35 years in North Texas, the median burn size and incidence of pediatric burn admissions has decreased. Concomitantly, length of stay and mortality have also decreased. Copyright © 2015 Elsevier Ltd and ISBI. All rights reserved.

Title: Effects of community-based exercise in children with severe burns: A randomized trial.

Citation: Burns : journal of the International Society for Burn Injuries, Feb 2016, vol. 42, no. 1, p. 41-47, 1879-1409 (February 2016)

Author(s): Peña, Raquel, Ramirez, Leybi L, Crandall, Craig G, Wolf, Steven E, Herndon, David N, Suman, Oscar E

Abstract: To counteract long-lasting muscle break down, muscle weakness, and poor physical fitness resulting from severe burns, we recommend a 12-week in-hospital exercise training rehabilitation program. Unfortunately, this in-hospital training program requires time away from home, family, school or work. This study was undertaken to evaluate an alternative exercise rehabilitation strategy involving a 12-week community-based exercise training rehabilitation program (COMBEX) carried out at or near the patient and caretaker’s home. Pediatric patients (7-18 years) with ≥30% of total body surface area (TBSA) burns were randomized to participate in COMBEX (N=12) or an outpatient exercise program (EX) at the hospital (N=22). Both programs were started after hospital discharge and consisted of 12 weeks of progressive resistive and aerobic exercise. COMBEX was performed in
community fitness centers near the patients' home. Endpoints were assessed at discharge (pre-exercise) and after the 12-week program. Primary endpoints were lean body mass (dual energy X-ray absorptiometry), muscle strength (isokinetic dynamometry), and peak aerobic capacity (indirect calorimetry). Demographics, length of hospitalization, and TBSA burned were comparable between groups (P>0.05). Both groups exhibited a significant (P≤0.01 for all) increase (mean±SEM) in lean muscle mass (EX: 6.9±1.7%; COMBEX: 6.5±1.1%), muscle strength (EX: 67.1±7.0%; COMBEX: 49.9±6.8%), and peak aerobic capacity (EX: 35.5±4.0%; COMBEX: 46.9±7.7%). Furthermore, the magnitude of these increases were not different between groups (P>0.12). Both EX and COMBEX are efficacious in improving lean mass, strength, and cardiopulmonary capacity in severely burned children. Copyright © 2015 Elsevier Ltd and ISBI. All rights reserved.

Title: Paediatric burns with epilepsy or learning disabilities do not have increased risk of hospitalisation or increased length of hospital stay compared to the adult burns.

Citation: Burns : journal of the International Society for Burn Injuries, Feb 2016, vol. 42, no. 1, p. 233-234, 1879-1409 (February 2016)

Author(s): Othman, Diaa, Hamam, Ahmed, Thacoor, Amitabh, Itte, Vinay, Phipps, Alan, Anwar, Mohammad

Title: Socio-demographic factors and the prevalence of burns in children: an overview of the literature.

Citation: Paediatrics and international child health, Feb 2016, vol. 36, no. 1, p. 45-51, 2046-9055 (February 2016)

Author(s): Alnababtah, Khalid, Khan, Salim, Ashford, Robert

Abstract: In most countries, socio-demographic factors influence the incidence of burns in children. The aims of this literature review were therefore to identify which of those factors are linked to an increase in the prevalence and identify ways of enhancing burn prevention programmes and preventing practices which play a role in the occurrence of burns in children. A comprehensive search (no time limit) of primary studies, titles and abstracts was undertaken in the following electronic databases; MEDLINE, CINAHL, ERIC, Cochrane Library, PsycINFO and Google Scholar. Socio-demographic factors which were linked to an increased incidence of burns include low household income, living in deprived areas, living in rented accommodation, young mothers, single-parent families and children from ethnic minorities. The level of parental education, parental occupation, and the type and size of accommodation were also cited. A range of socio-demographic factors result in an increase in the prevalence of burns, and the risk is even greater in children who are exposed to a number of these factors. Such information will be useful for planning prevention strategies and identifying further research questions that need to be answered.

Title: Porcine xenograft treatment of superficial partial-thickness burns in paediatric patients.

Citation: Journal of wound care, Feb 2016, vol. 25 Suppl 2, p. S10., 0969-0700 (February 2016)

Author(s): Burkey, B, Davis, W, Glat, P M
Abstract: Objective Porcine xenograft (PX) has become a valuable part of the armamentarium of treatment options in a US paediatric burn centre. The use in adult patients has been well described in the burn literature, but there is minimal literature describing its use in children. The objective of this article is to describe a three-years' experience with PX use in paediatric burns. Method A retrospective medical record review of patients with superficial partial-thickness burns treated with PX admitted to a paediatric burn centre between February 2009 and November 2012. Results A total of 164 patients met the inclusion criteria. Burn total body surface area (TBSA) ranged from 0.5% to 28%. After the placement of PX, significant decreases were seen in the need for narcotic analgesics and burn dressing changes. Only four of 164 patients (2.4%) developed infections, although only one of these infections was at the site of the xenograft. Conclusion PX appears to reduce pain and eliminate the need for procedural intravenous sedation in many patients. This can make burn wound care more child-friendly and shorten hospital length of stay. The complication rate is low and manageable. The authors believe that PX is an effective and safe treatment for superficial partial-thickness burns in children. P. M.Glat, is a paid consultant and speaker for Mölnlycke Health Care, the manufacturer of EZ Derm.
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